

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT	AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	V							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13	1							
14								
15								
16	1							
17								
18								
19								
20								
21								
22	5							
23	5							
24	5							
25	5							
26	5							
27	5							
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35	5							
36	5							
37	5							
38	5							
39	5							
40	5							
41	5							
42	5							
43	5							
44	5							
45	1							
46	1							
47	1							
48	1							
49	1							
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

16

20

80

66

46

30
64

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

14

32

146